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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Fee Transmittal For FY 2009 | | Complete if Known | |
| | | Application Number | 10/735,592-Conf. #2533 |
| | | Filing Date | December 11, 2003 |
| | | First Named Inventor | Arthur M. Krieg |
| | | Examiner Name | N. M. Minnifield |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1645 |
| TOTAL AMOUNT OF PAYMENT | | (\$ 2,010.00) | |
| | | Attorney Docket No. | C1037.70038US01 |

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|---|--|-------------------------|--|-----------------------|--------------------------------|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | |
| <input type="checkbox"/> Deposit Account | | Deposit Account Number: | 23/2825 | Deposit Account Name: | Wolf, Greenfield & Sacks, P.C. |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | <input checked="" type="checkbox"/> Credit any overpayments | | |

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|---|---------------------|---|----------------------|----------------------------------|-------------------------|------------------------------|-----------------------|----------------------|---------------------|---|----------------------|----------------------------------|---------|-------|--------------------------------|---|---|--|-----------------|----------------------|--|
| Fee Calculation | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | | | | | | | | | | | | | | |
| | Utility | 330 | 165 | 540 | 270 | 220 | 110 | | | | | | | | | | | | | | |
| | Design | 220 | 110 | 100 | 50 | 140 | 70 | | | | | | | | | | | | | | |
| | Plant | 220 | 110 | 330 | 165 | 170 | 85 | | | | | | | | | | | | | | |
| | Reissue | 330 | 165 | 540 | 270 | 650 | 325 | | | | | | | | | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) Small Entity Fee (\$) 52 Fee (\$) 26 | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) Small Entity Fee (\$) 220 Fee (\$) 110 | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims Small Entity Fee (\$) 390 Fee (\$) 195 | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3">Multiple Dependent Claims</td> </tr> <tr> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td></td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> </tr> </table> | | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | - 20 or HP | x | = | | Fee (\$) | Fee Paid (\$) | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | | | | | | | | | | | | | | | |
| - 20 or HP | x | = | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>- 3 or HP</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | - 3 or HP | x | = | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | |
| - 3 or HP | x | = | | | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | - 100 = | /50 = | (round up to a whole number) x | = | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | |
| - 100 = | /50 = | (round up to a whole number) x | = | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1501 Utility issue fee Fee (\$) 1,510.00 | | | | | | | | | | | | | | | | | | | | | |
| 1504 Publication fee for early, voluntary, or normal ... Fee (\$) 300.00 | | | | | | | | | | | | | | | | | | | | | |
| 1455 Filing an application for patent term adjustment Fee (\$) 200.00 | | | | | | | | | | | | | | | | | | | | | |

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| SUBMITTED BY | | | | | |
| Signature | <i>Helen C. Lockhart</i> | | Registration No. (Attorney/Agent) | 39,248 | Telephone |
| Name (Print/Type) | Helen C. Lockhart | | Date | February 17, 2011 | |

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| Certificate of Electronic Filing Under 37 CFR 1.8 | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). | |

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| Dated: February 17, 2011 | Signature: <i>Sharon R. Lloyd</i> (Sharon R. Lloyd) |
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